CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1281

Chapter 440, Laws of 2005

59th Legislature 2005 Regular Session

KINSHIP CARE--MEDICAL CARE

EFFECTIVE DATE: 7/24/05

Passed by the House April 18, 2005 Yeas 95 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 14, 2005 Yeas 46 Nays 0

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached SUBSTITUTE HOUSE BILL 1281 passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

BRAD OWEN

President of the Senate Approved May 13, 2005.

FILED

May 13, 2005 - 2:31 p.m.

Chief Clerk

CHRISTINE GREGOIRE

Governor of the State of Washington

Secretary of State State of Washington

SUBSTITUTE HOUSE BILL 1281

AS AMENDED BY THE SENATE

Passed Legislature - 2005 Regular Session

State of Washington 59th Legislature 2005 Regular Session

By House Committee on Children & Family Services (originally sponsored by Representatives Pettigrew, Hinkle, Kagi, Walsh, Schual-Berke, McDonald, Clibborn, Dickerson, Dunn, P. Sullivan, Orcutt, Darneille, Morrell, Campbell, Wallace and Chase)

READ FIRST TIME 02/16/05.

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AN ACT Relating to adding to the list of persons who may give informed consent to medical care for minors and providing immunity to health care providers and facilities for reliance on the representation of a person claiming to be responsible for the care of the minor; amending RCW 7.70.065; and creating a new section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. (1) It is the intent of the legislature to assist children in the care of kin to access appropriate medical services. Children being raised by kin have faced barriers to medical care because their kinship caregivers have not been able to verify that they are the identified primary caregivers of these children. Such barriers pose an especially significant challenge to kinship caregivers in dealing with health professionals when children are left in their care.

(2) It is the intent of the legislature to assist kinship caregivers in accessing appropriate medical care to meet the needs of a child in their care by permitting such responsible adults who are providing care to a child to give informed consent to medical care.

- **Sec. 2.** RCW 7.70.065 and 2003 c 283 s 29 are each amended to read 2 as follows:
 - (1) Informed consent for health care for a patient who is not competent, as defined in RCW 11.88.010(1)(e), to consent may be obtained from a person authorized to consent on behalf of such patient.
 - (a) Persons authorized to provide informed consent to health care on behalf of a patient who is not competent to consent, based upon a reason other than incapacity as defined in RCW 11.88.010(1)(d), shall be a member of one of the following classes of persons in the following order of priority:
- $((\frac{a}{a}))$ (i) The appointed guardian of the patient, if any;
- 12 (((b))) <u>(ii)</u> The individual, if any, to whom the patient has given 13 a durable power of attorney that encompasses the authority to make 14 health care decisions;
- (((c))) (iii) The patient's spouse;

- $((\frac{d}{d}))$ (iv) Children of the patient who are at least eighteen 17 years of age;
- $((\frac{(e)}{(e)}))$ (v) Parents of the patient; and
- $((\frac{f}{f}))$ Adult brothers and sisters of the patient.
 - ((\(\frac{(2)}{)}\)) (b) If the ((\(\physician\))) health care provider seeking informed consent for proposed health care of the patient who is not competent to consent under RCW 11.88.010(1)(e), other than a person determined to be incapacitated because he or she is under the age of majority and who is not otherwise authorized to provide informed consent, makes reasonable efforts to locate and secure authorization from a competent person in the first or succeeding class and finds no such person available, authorization may be given by any person in the next class in the order of descending priority. However, no person under this section may provide informed consent to health care:
- $((\frac{a}{a}))$ (i) If a person of higher priority under this section has refused to give such authorization; or
- $((\frac{b}{b}))$ (ii) If there are two or more individuals in the same class and the decision is not unanimous among all available members of that class.
- 35 (((3))) <u>(c)</u> Before any person authorized to provide informed 36 consent on behalf of a patient not competent to consent <u>under RCW</u> 37 <u>11.88.010(1)(e)</u>, other than a person determined to be incapacitated 38 because he or she is under the age of majority and who is not otherwise

- authorized to provide informed consent, exercises that authority, the person must first determine in good faith that that patient, if competent, would consent to the proposed health care. If such a determination cannot be made, the decision to consent to the proposed health care may be made only after determining that the proposed health care is in the patient's best interests.
 - (2) Informed consent for health care for a patient who is not competent, as defined in RCW 11.88.010(1)(e), because he or she is under the age of majority and who is not otherwise authorized to provide informed consent, may be obtained from a person authorized to consent on behalf of such a patient.
- (a) Persons authorized to provide informed consent to health care
 on behalf of a patient who is incapacitated, as defined in RCW
 11.88.010(1)(e), because he or she is under the age of majority and who
 is not otherwise authorized to provide informed consent, shall be a
 member of one of the following classes of persons in the following
 order of priority:
- (i) The appointed guardian, or legal custodian authorized pursuant
 to Title 26 RCW, of the minor patient, if any;
- 20 (ii) A person authorized by the court to consent to medical care
 21 for a child in out-of-home placement pursuant to chapter 13.32A or
 22 13.34 RCW, if any;
 - (iii) Parents of the minor patient;

- 24 <u>(iv) The individual, if any, to whom the minor's parent has given</u>
 25 <u>a signed authorization to make health care decisions for the minor</u>
 26 <u>patient; and</u>
 - (v) A competent adult representing himself or herself to be a relative responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient. Such declaration shall be effective for up to six months from the date of the declaration.
- (b) A health care provider may, but is not required to, rely on the representations or declaration of a person claiming to be a relative responsible for the care of the minor patient, under (a)(v) of this subsection, if the health care provider does not have actual notice of

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- the falsity of any of the statements made by the person claiming to be a relative responsible for the health care of the minor patient.
 - (c) A health care facility or a health care provider may, in its discretion, require documentation of a person's claimed status as being a relative responsible for the health care of the minor patient. However, there is no obligation to require such documentation.
- (d) The health care provider or health care facility where services are rendered shall be immune from suit in any action, civil or criminal, or from professional or other disciplinary action when such reliance is based on a declaration signed under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient under (a)(v) of this subsection.
- 14 (3) For the purposes of this section, "health care provider" and
 15 "health care facility" shall be defined as established in RCW
 16 70.02.010.

Passed by the House April 18, 2005. Passed by the Senate April 14, 2005. Approved by the Governor May 13, 2005. Filed in Office of Secretary of State May 13, 2005.

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